

**CITY OF ROCKFORD HUMAN SERVICES DEPARTMENT**  
**612 N. Church St. Rockford, IL 61103 (815) 987-5685**  
**2010 SCHOLARSHIP APPLICATION**  
**APPLICANT AND FAMILY INFORMATION**

**PART ONE – SCHOLARSHIP APPLICATION**  
**HEAD OF HOUSEHOLD**

**APPLICATION DEADLINE – March 19th, 2010**

**SOCIAL SECURITY NUMBER** \_\_\_\_\_

**LAST NAME** \_\_\_\_\_ **FIRST NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_ **CITY** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**TELEPHONE** \_\_\_\_\_ **DATE OF BIRTH** \_\_\_\_\_

**GENDER**

☐ MALE  
☐ FEMALE

**DISABLED**

☐ YES  
☐ NO

**ETHNICITY**

☐ BLACK ☐ NAT. AMER.  
☐ WHITE ☐ ASIAN  
☐ HISPANIC ☐ OTHER

**EDUCATION LEVEL**

☐ A (0 – 8)  
☐ B (9-12 NON GRAD)  
☐ C (HS/GED)  
☐ D (12 + )  
☐ E (UNKNOWN)  
☐ F (COLLEGE GRAD)

**FOOD STAMPS**

☐ YES  
☐ NO

**HEALTH INS.**

☐ YES (PRIVATE)  
☐ NO  
☐ MEDICAID  
☐ MEDICARE

**FARMER**

☐ YES  
☐ NO

**VETERAN**

☐ YES  
☐ NO

**FAMILY TYPE**

☐ FEM SINGLE PARENT  
☐ MALE SINGLE PARENT  
☐ TWO PARENT  
☐ COUPLE, NO CHILDREN  
☐ SINGLE  
☐ OTHER

**HOUSING STATUS**

☐ RENT AMOUNT \_\_\_\_\_  
☐ OWNER  
☐ HOMELESS (INCLUDES THOSE LIVING WITH OTHERS OR CONDEMNATIONS)  
☐ OTHER

**MONTHLY INCOME SOURCE OF PERSON ABOVE**

☐ A (EMPLOYMENT) ☐ B (UNEMPLOYMENT) ☐ C (SOCIAL SECURITY) ☐ D (TANF)  
☐ E (GEN. ASST.) ☐ F (SSI/SSD) ☐ G (PENSION) ☐ H (DISABILITY)  
☐ I (NONE)

**MONTHLY INCOME AMOUNT OF PERSON ABOVE** \$ \_\_\_\_\_

**FAMILY INFORMATION** (INDICATE IN BOX BELOW IF OTHER MEMBERS OF HOUSEHOLD HAVE INCOME. SHOW SOURCE AND AMOUNT)

SOCIAL SECURITY #      NAME      M/F      BIRTHDATE      AGE      DISABLED Y/N      MONTHLY INCOME      SOURCE


NUMBER IN HOUSEHOLD \_\_\_\_\_ TOTAL MONTHLY HOUSEHOLD INCOME \$ \_\_\_\_\_

**A. APPLICANT'S EDUCATIONAL BACKGROUND**

**1. Name & city of last high school you attended/dates attended:**

_____	_____	_____
Name of School	City	Dates Attended
Did you: _____ Graduate	OR	_____ Obtain GED

**B. EDUCATION INFORMATION**

1. Have you had any post high school education? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, provide a brief explanation \_\_\_\_\_
2. Illinois educational institution you plan to attend: \_\_\_\_\_
3. Dates you plan to attend \_\_\_\_\_
4. Have you applied there? \_\_\_\_\_ Yes \_\_\_\_\_ No
5. Have you been accepted there? \_\_\_\_\_ Yes \_\_\_\_\_ No
6. Are you already a student there? \_\_\_\_\_ Yes \_\_\_\_\_ No
7. What is/will be your course of study? \_\_\_\_\_
8. Most recent grade point average (high school or college) \_\_\_\_\_

**C. FINANCIAL ASSISTANCE**

1. List other financial assistance you have applied for. Indicate if each is approved, denied or pending.  
\_\_\_\_\_  
\_\_\_\_\_
2. List any other financial assistance you are planning to apply for : \_\_\_\_\_  
\_\_\_\_\_
3. Please list how you plan to use the Scholarship funds: \_\_\_\_\_  
\_\_\_\_\_
4. Amount Requested: \_\_\_\_\_

**D. APPLICANT'S PERSONAL INTERESTS AND GOALS (attach additional pages if necessary)**

**1. Describe why setting goals are important.** \_\_\_\_\_

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**2. Discuss your greatest accomplishment and how it changed your life.** \_\_\_\_\_

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**3. What are your hobbies and/or activities or volunteer work in which you participate/participated while in school?** \_\_\_\_\_

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**4. What is the one thing you have learned to enable you to be successful in life?**

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#### **E. HOUSEHOLD INCOME**

To determine income eligibility, applicants are required to submit documentation on the total family GROSS income (income before taxes and any other deductions). "Family" refers to the adult related persons living in your household. Please list all income sources such as (wages, unemployment, public aid, etc.) and the amount received from each source in the past twelve months. This information will be kept confidential. **YOU MUST ATTACH DOCUMENTATION FROM AN OFFICIAL SOURCE OF ALL INCOME. FAILURE TO INCLUDE THIS INFORMATION WILL RESULT IN THE DISQUALIFICATION OF YOUR APPLICATION.**

<b><u>FAMILY MEMBER</u></b>	<b><u>INCOME SOURCE</u></b>	<b><u>TWELVE MONTHS INCOME</u></b>
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Based on family size, the total family annual gross income (income before deductions) may not be more than:

1 person	\$13,538	4 persons	\$27,563
2 persons	\$18,213	5 persons	\$32,238
3 persons	\$22,888	6 persons	\$36,688

For each additional person, add \$4,675.00

#### **F. REFERENCES**

Please submit 2-3 letters of reference in sealed envelopes. These may be from previous employers, teachers, ministers or anyone who has known the applicant for at least one year. Family members/relatives may not be used as references. Letters of reference should include the capacity in which the person knows you, the length of acquaintance, comments on your character, skills, traits, etc. and other pertinent information. Letters must include the name, position, address and phone number of the writer and will remain confidential.

#### **G. OTHER REQUIRED DOCUMENTATION**

- ◆ **PROOF OF 12 MONTHS GROSS INCOME FOR ANYONE IN THE HOME RECEIVING INCOME**
- ◆ **LETTER OF ACCEPTANCE FROM AN ILLINOIS ACCREDITED EDUCATIONAL INSTITUTION**
- ◆ **SOCIAL SECURITY CARDS OR AN OFFICIAL PRINTSOUT FROM THE SOCIAL SECURITY OFFICE, PHOTO ID FROM ALL ADULTS LIVING IN THE HOME**

#### **H. CERTIFICATION**

I certify that the information I have provided in this application is an accurate and complete disclosure of the requested information. I hereby authorize the Human Services Department to verify the above information and to contact any and all applicable parties for verification or additional information. I hereby authorize release of this and other documents pertaining to my financial need, enrollment status and other information submitted to the organization for purposes of determination of my eligibility for this scholarship program only. I understand that final determination rests with the Rockford Human Services Department.

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Signature

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Date

**ALL APPLICATIONS MUST BE POSTMARKED OR HAND-DELIVERED TO THE CITY OF ROCKFORD'S HUMAN SERVICES DEPARTMENT AT 612 N. CHURCH ST BY 4:00 PM ON MARCH 19<sup>TH</sup>, 2010.**